

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011438

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143
FILED MAR 20 1963Primary Registration District No. 5558 Registrar's No. 89

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Dry Creek Twp		Length of stay in 1b 63 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ELMER HERMAN MERRITT		4. DATE OF DEATH Month March Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Morristown, Va.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elias Merritt		13b. MOTHER'S MAIDEN NAME Emiline Goodale	
14. NAME OF HUSBAND OR WIFE Martha Langston (D)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Wayne Bryan; Rt.#1 Pomona, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart D.		INTERVAL BETWEEN ONSET AND DEATH 2 years	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, generalized Debility			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 11:18 a.m. PM Month, Day, Year 3/11/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) West Plains, Mo.		20f. CITY, TOWN, OR LOCATION West Plains, Mo.	
20g. COUNTY Pomona		20h. STATE Mo.	
21. I attended the deceased from 1954 to 3/11/63 and last saw him alive on 2-11-63 Death occurred at 11:18 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Jack Wiles, M.D.		22b. ADDRESS West Plains, Mo.	
22c. DATE SIGNED 3/12/63		22d. LOCATION (City, town, or county) (State) Pomona Rt. 1, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/13/63	
23c. NAME OF CEMETERY OR CREMATORY Mackey		23d. LOCATION (City, town, or county) (State) Pomona Rt. 1, Mo.	
24. FUNERAL DIRECTOR Burns-Willow Springs, Mo.		25. DATE REGD. BY LOCAL REG. 3/15/63	
26. REGISTRAR'S SIGNATURE Wayne Bryan			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T.R. Burns *T.R. Burns*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.